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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

JUL 2 8 2004

OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response 16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION PARTIES

SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Prefix Serial

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indic	ate change.)	
Oak Investment Partners XI, Limited Partnership	• ,	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE	PROCESSE
Type of Filing: New Filing Amendment	_	11100000
A. BASIC IDENTIFICATION	DATA	_ AUG 02 2004
1. Enter the information requested about the issuer		K
Name of Issuer (check if this is an amendment and name has changed, and indicate	change.)	THOMSON FINANCIAL
Oak Investment Partners XI, Limited Partnership		FINANCIAL
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area C	ode)
One Gorham Island, Westport, CT 06880	(203)226-8346	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area C	'ode)
Brief Description of Business: To operate as a private investment partnership.		
Type of Business Organization		
☐ corporation ☐ limited partnership, already formed	othe	er (please specify):
☐ business trust ☐ limited partnership, to be formed		
Month Year		
Actual or Estimated Date of Incorporation or Organization: 0 7 0 4	🛛 Actual 🔲 Estimated	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbr	eviation for State:	
CN for Canada; FN for other foreign jur	isdiction) DE	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currentlySEC 1972 (6/02) 1 of 5valid OMB contr

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Oak Associates XI, LLC Business or Residence Address (Number and Street, City, State, Zip Code) One Gorham Island, Westport, CT 06880 Managing Member 0f Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer ☐ Director Oak Associates XI, LLC Full Name (Last name first, if individual) Carano, Bandel L. Business or Residence Address (Number and Street, City, State, Zip Code) One Gorham Island, Westport, CT 06880 □ Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Member 0f Oak Associates XI, LLC Full Name (Last name first, if individual) Gallagher, Gerald R. Business or Residence Address (Number and Street, City, State, Zip Code) One Gorham Island, Westport, CT 06880 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director Managing Member 0f Oak Associates XI, LLC Full Name (Last name first, if individual) Glassmeyer, Edward F. Business or Residence Address (Number and Street, City, State, Zip Code) One Gorham Island, Westport, CT 06880 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Member 0f Oak Associates XI, LLC Full Name (Last name first, if individual) Harman, Fredric W. Business or Residence Address (Number and Street, City, State, Zip Code) One Gorham Island, Westport, CT 06880

☐ Executive Officer

☐ Executive Officer

☐ Director

Director

Managing Member 0f Oak Associates XI, LLC

Managing Member 0f
Oak Associates XI, LLC

One Gorham Island, Westport, CT 06880

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ Beneficial Owner

☐ Beneficial Owner

Check Box(es) that Apply: Promoter

Full Name (Last name first, if individual)

One Gorham Island, Westport, CT 06880

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Promoter

Lamont, Ann H.

Walrod, David B.

Check Box(es) that Apply:

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									⊠ ⊠			
2. What is the minimum investment that will be accepted from any individual?									\$none	<u> </u>		
3. Does the offering permit joint ownership of a single unit?										Yes ⊠	No	
commi a perso states, broker	the information or simple to be listed list the name or dealer, yet	nilar remuned is an asso the of the broom ou may set	eration for sociated persocker or deal forth the inf	olicitation on or agent ler. If more	of purchases of a brokes than five	rs in connec or dealer r (5) persons	tion with sa egistered w to be listed	ales of secur ith the SEC I are associ	rities in the and/or with ated person	offering. If th a state or	•	
Full Name	e (Last name	e first, if ind	lividual)									
Business	or Residence	Address (1	Number and	Street, Cit	y, State, Zip	Code)					. –. –.	
Name of A	Associated E	Broker or De	ealer					······································				
States in V	Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	: (Last name	first, if ind	ividual)									, -, -, -, -, -,
Business of	or Residence	Address (1	Number and	Street, Cit	y, State, Zip	Code)						
Name of A	Associated B	roker or De	ealer									
States in V	Vhich Person	n Listed Ha	s Solicited (or Intends t	o Solicit Pu	rchasers						
(Check ".	All States" o	or check inc	lividual Stat	,							••••••	. All States
[AL]	[AK]	[AZ]	[AR]	[CA]				[DC]			[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name	(Last name	first, if ind	ividual)									
D'.	D ::1		, 1 1	<u> </u>								
Business o	r Residence	Address (r	number and	Street, City	y, State, Zip	Code						
Name of A	Associated B	roker or De	ealer									
States in V	Which Person	1 Listed Ha	s Solicited o	or Intends to	o Solicit Pur	rchasers						
(Check ".	All States" c	or check ind	lividual Stat	es)					••••••			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] ITN]	[NJ] [TX]	[NM] [TU]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
11/11	1001	ועניו	1 4 1 7 1	13.74	1011	1 7 1 1	1 7 23.1	1 77 23.1	1 YY Y 1	1 77 2 1	1 44 T J	14.4%)

B. INFORMATION ADOUT OFFERING

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
Type of Security	C	Aggregate Offering Price		Amount Already Sold
Debt	<u>\$</u>			<u>\$</u>
Equity	<u>\$</u>			<u>\$</u> _
Convertible Securities (including warrants)	<u>\$</u> _			<u>\$</u> _
Partnership Interests	<u>\$ 1,5</u>	45,454,545	<u> </u>	\$ <u>1,545,454,545</u>
Other (Specify)	\$			<u>\$</u>
Total		45,454,545	5	\$ <u>1,545,454,545</u>
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregato
		Number Investors		Aggregate Dollar Amount of Purchases
Accredited Investors	<u>14</u>	<u>0</u>		<u>\$ 1,545,454,545</u>
Non-accredited Investors				
Total (for filings under Rule 504 only)	-			
Answer also in Appendix, Column 4, if filing under ULOE.				
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		m c		75 B
Type of offering		Type of Security		Dollar Amount Sold
Rule 505				
Regulation A				
Rule 504				
Total	_			
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
Transfer Agent's Fees				<u>\$</u>
Printing and Engraving Costs				<u>\$</u>
Legal Fees				<u>\$</u> _
Accounting Fees				\$_
Engineering Fees				<u>\$</u>
Sales Commissions (specify finders' fees separately)				<u> </u>
Other Expenses (identify) Legal Fees and Organization Expenses			\boxtimes	\$ 500,000
Total			\boxtimes	\$ 500,000

2.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE, N	UMBER OF INVEST	ORS, EXPENSES A	ND USE	OF PROCEED	S	
b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C - proceeds to the issuer."	<u>\$ 1,544,954,54</u>					
Indicate below the amount of the adjusted gross proceethe purposes shown. If the amount for any purpose is need of the estimate. The total of the payments listed in forth in response to Part C - Question 4.b above.	ot known, furnish an est	imate and check the box	to the			
form in response to Part C - Question 4.0 above.				Payments to Officers, Directors, & Affiliates		Payments to Others
Salaries and fees			□ <u>\$</u>			
Purchase of real estate			□ <u>\$</u>			<u>\$</u> _
Purchase, rental or leasing and installation of ma	chinery and equipment		□ <u>\$</u>			<u>\$</u>
Construction or leasing of plant buildings and fac-	cilities		□ <u>\$</u>			<u>\$</u> _
Acquisition of other business (including the valu offering that may be used in exchange for the ass	ets or securities of anot	her				
issuer pursuant to a merger)			□ <u>\$</u>			<u>\$</u>
Repayment of indebtedness	·		□ <u>\$</u>			<u>\$</u>
Working capital			□ <u>\$</u>			<u>\$</u>
Other (specify): investments in securities			□ <u>\$</u>		\boxtimes	<u>\$ 1,544,954,54</u>
Column Totals			□ <u>\$</u>		\boxtimes	\$ <u>1,544,954,54</u>
Total Payments Listed (column totals added)			44,954	1,545		
	D. FEDERAL SIGN	NATURE				
ne issuer has duly caused this notice to be signed by the instruction furnished by the issuer to furn formation furnished by the issuer to any non-accredited	nish to the U.S. Securit	ies and Exchange Com	mission,			
suer (Print or Type) Sak Investment Partners XI, Limited Partnership	ignature	Be		Date July 22	_, 2004	
ame of Signer (Print or Type)	Iember of Oak Associ	ates XI, LLC, Genera	ıl Partne			